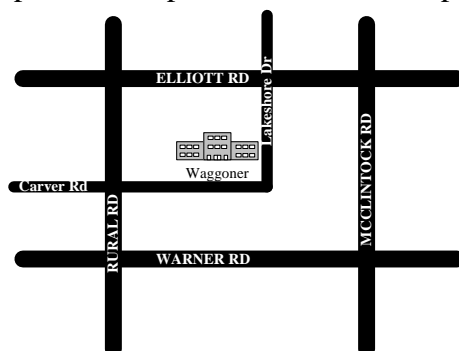


# ***KID ZONE ENRICHMENT PROGRAM***

## ***Spring Recess Camp***

**Where:** **Waggoner – Multi-Purpose Room**  
**Address:** 1050 E. Carver Rd., Tempe, AZ 85284  
**Camp Phone:** (480) 541-5631  
Multi-Purpose Room  
No transportation is provided for this camp.



**Who:** Any **Current KID ZONE** Participant  
However, enrollment space is limited to the DHS licensed capacity of the site! First Come / First Serve!

**When:** March 7th – March 11th, 2016 (Monday – Friday)

**Time:** 6:30 am to 6:00 pm

**Bring:** A non-perishable lunch and beverage  
(Morning and afternoon snacks provided!)

**Camp Fee:** \$120 for 5 days  
\$90 for 3 days

**Field Trip:** Butterfly Wonderland/Mirror Maze (Grades K – 2<sup>nd</sup>)(Thursday, March 10<sup>th</sup>)  
Spring Training Baseball Game (Grades 3<sup>rd</sup> – 8<sup>th</sup>)(Wednesday, March 9<sup>th</sup>)  
*Padres at Diamondbacks (Salt River Fields)*

**Activity Fee:** \$15 (non-refundable)

### **How to Register:**

- By **FEBRUARY 26TH**, bring the completed registration form (one per child) to the City of Tempe Office along with your payment, **or REGISTER and PAY ONLINE**. Please be aware that camps may fill prior to February 26th. Registrations will not be accepted at the site or in the Kid Zone payment drop box. DES participants must call their caseworker prior to the start of camp to have eligibility switched to this school for camp week.

City of Tempe – Edna Vihel Building  
3340 S. Rural Road  
Tempe, Arizona 85282  
Hours: Monday - Friday, 8 am – 5 pm

**Questions:**    **Call:** (480) 350-5405    **Fax:** (480) 858-7688    **Email:** [kidzone@tempe.gov](mailto:kidzone@tempe.gov)

Refunds or credits for camp cancellation will not be issued unless notification is given one full calendar week in advance. Cancellation deadline is Monday, February 29th, 2016. If registrations are received after the deadline dates, no refund will be given for cancellation.

# REGISTRATION FORM (ONE CHILD PER REGISTRATION FORM)

Camp Site: Waggoner

March 7<sup>th</sup> – March 11<sup>th</sup>, 2016

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The information included on the required Emergency Information and Immunization Record Card "blue card" is accurate and up-to-date.

**ALLERGIES/SPECIAL MEDICAL INFORMATION:** (If your child uses an inhaler or is currently taking medications and the spring camp is not your child's home site, please bring an extra inhaler and medication to the camp site and fill out a new authorization form.)

I hereby consent to my child's participation in the Kid Zone Camp Program and assume the risks involved. I understand this camp is part of the Kid Zone Program and that all policies and procedures stated in the Kid Zone Parent Handbook and on the Kid Zone Registration Contract are in effect for this camp. I understand the fee paid does not include a premium for insurance. I authorize the Kid Zone representative to act in my behalf during the program. In case of injury or illness, I hereby give my authority to any hospital or doctor to render immediate emergency aid to my child. It is understood that the cost of this treatment will be the responsibility of the parent/guardian.

## Grades K – 2nd

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Thursday, March 10 <sup>th</sup>	Butterfly Wonderland/ Mirror Maze	9500 E Via de Ventura Scottsdale, AZ 85256 (480) 800-3000	12:45 pm	4:15 pm	Educational	

## Grades 3rd – 8th

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Wednesday, March 9 <sup>th</sup>	Spring Training Baseball Game <i>Padres at Diamondbacks</i>	Salt River Fields 7555 N Pima Rd Scottsdale, AZ 85258 (480) 270-5000	11:00 am	5:00 pm	Recreational	

I am aware of and agree to assume all risks associated with my child's participation in the program and I will not hold the said organization responsible for accidents sustained in this program. In consideration of his/her participation in this activity, I release and hold harmless the Kid Zone Enrichment Program and their personnel from any liability for any injury or loss arising from participation in this activity. This does not waive any claim for intentional or grossly negligent acts of supervision. I permit my child to participate in the Kid Zone Enrichment Program field trips listed above. I also agree to release the Kid Zone Enrichment Program of any responsibility for damage to or loss of property arising from participation in this activity.

I authorize the Kid Zone Enrichment Program to obtain emergency transportation and medical treatment necessary for my child in the event of injury or illness. I further understand that the Kid Zone Enrichment Program does not carry medical or accident insurance to pay for these medical expenses incurred on behalf of my child and that I accept responsibility for any emergency transportation and medical treatment and any subsequent medical bills that my child may incur. I have notified you if my child requires any accommodations or special assistance to participate in the Kid Zone Enrichment Program.

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Schedule

5 Days \_\_\_\_\_

3 Days \_\_\_\_\_ (Circle Days of Attendance)    Monday    Tuesday    Wednesday    Thursday    Friday

\*\*\*\*\*

Office Use Only: **Total due: \$120 (5 day) + \$15 non-refundable activity fee = \$135**

**\$90 (3 day) + \$15 non-refundable activity fee = \$105**

Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Online/Recurring \_\_\_\_\_ Staff Initials \_\_\_\_\_